



NUNTHORPE PRIMARY ACADEMY

SUPPORTING CHILDREN WITH MEDICAL NEEDS POLICY

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RATIONALE

Children with medical needs have the same rights of admission to a school, or setting as other children. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however, have longer term medical needs and may require medicines on a long-term basis to keep them healthy, for example children with well-controlled epilepsy or ADHD. Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.

1. AIMS

The aim of this policy is to outline the responsibilities of Nunthorpe Primary Academy and parents responsibilities in relation to medicines in school.

2. TYPES OF MEDICATION

(to be stored in **a classroom as appropriate or in a separate container in the fridge - see 7. Storing Medicines**)

- ◆ Short term – e.g. antibiotics / hay fever relief (only to be held in school if child needs 4 doses a day)
- ◆ Long term – e.g. ADHD medication, inhaler
- ◆ Emergency – e.g. EpiPen, Piriton, other anti-histamines

Staff medication should also be stored securely.

3. IF A PARENT WISHES A CHILD TO TAKE A PRESCRIBED MEDICINE DURING SCHOOL TIME THEY SHOULD:

- ◆ Arrange with the Headteacher to come into school to administer the medicine themselves if they so wish,

or

- ◆ Complete a school medicine form, requesting permission of a member of staff to administer the medicine
- ◆ Deliver the medicine together with the form to the school office where it will be kept securely. It also needs collecting by the adult and not the child.
- ◆ Permission should never be taken over the telephone or after medication has been given.

- ◆ We have made the decision that here at Nunthorpe Primary Academy we will allow parents/carers to administer none prescribed medicines to their own children.

4. ANY PRESCRIBED MEDICINES BROUGHT INTO SCHOOL FOR STAFF TO ADMINISTER SHOULD:

- ◆ Be in date and in the **original container / packaging**, showing the patient's label as provided by the Pharmacist, with no alterations to the label evident, (labels with no Pharmacist's logo should not be accepted. If in doubt, phone the Pharmacist) together with a clean medicine spoon or measuring cup and be clearly labelled with:
 - Contents i.e. name and type of medicine
 - Child's name
 - Date
 - Dosage (Variations in dosage **cannot** be made on parental instruction alone)
 - Prescribing doctor's name
- ◆ Never be ground-up, split open or chewed
- ◆ If medication states 'as directed', 'as required' or 'no more than 4 times a day' etc, it should never be administered without first checking when the previous dose was taken and also checking the maximum dosage. Parents must inform the prescribing NHS doctor, nurse, dentist or pharmacist that any future medication must state specific dosage.

5. RECORDS

Clear records of medication brought into and administered in the school for individual children are maintained. The school will keep a daily record of all medicines administered. This information is stored with the medicines in classrooms. Only one child at a time should be in the room for medication.

6. ADDITIONAL INFORMATION

- ◆ If a child **refuses** to take the prescribed medication, school staff will **not** force them to do so. In this event staff will inform parents immediately. If necessary the school will call emergency services.
- ◆ If the parent and school agree the child is capable of carrying and managing their own medication e.g. asthma inhaler, topical cream/lotion etc. they must complete the form to indicate this.
- ◆ Topical lotions and creams e.g. emollients and sunscreen may be brought into school for application by the child.
- ◆ Cough sweets / throat lozenges etc. are **not** medicines and are not allowed in school.
- ◆ **Any** misuse of medication should **always** be reported to the police; ie, if a child brings in and gives out Grandma's medication.
- ◆ Ofsted and local safe guarding agencies must be notified within 14 days of any serious accident, illness or injury to, or death of, any child while in their care, and of the action taken.

7. STORING MEDICINES

- ◆ The Head Teacher is responsible for making sure that medicines are stored safely.
- ◆ Large volumes of medicines should not be stored.
- ◆ Staff will only store, supervise and administer medicine that has been prescribed for an individual child.
- ◆ Medicines should be stored strictly **in accordance with product instructions**, (paying particular note to temperature) and in the original container in which dispensed.
- ◆ Staff will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, and the frequency of administration. This should be easy if medicines are **only** accepted in the **original** container as dispensed by a pharmacist in accordance with the prescriber's instructions.
- ◆ Where a child needs two or more prescribed medicines, each should be in a separate container, and recorded on a medical form.
- ◆ Non-healthcare staff should **never** transfer medicines from their original containers.
- ◆ Children should know where their own medicines are stored.
- ◆ All **emergency medicines**, such as asthma inhalers and adrenaline pens, should be readily available to children and should **not** be locked away. These will be stored in the classroom along with the relevant medical form.
- ◆ Other non-emergency medicines should be kept in a secure cabinet in the School Business Managers office or where they are not accessible to children. The keys for which will be held in the agreed location in that office.
- ◆ A few medicines need to be refrigerated. They can be kept in a separate container within the refrigerator containing no food etc because of cross-contamination.
- ◆ In the event of educational visits, medicines should be stored in a bag or box and kept under the supervision of an adult.
- ◆ When no longer required, medicines should be returned to the parent to arrange for safe disposal.

8. CHILDREN WITH ASTHMA

Children with asthma need to have immediate access to their reliever inhalers when they need them.

- ◆ Inhaler devices usually deliver asthma medicines. A spacer device is used with most inhalers, and the child may need some help to do this. It is good practice to support children with asthma to take charge of and use their inhaler from an early age, and many do.
- ◆ Children who are able to use their inhalers themselves should be allowed to carry them with them. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name.
- ◆ Inhalers should **always** be readily available during physical education, sports activities and educational visits.
- ◆ For a child with severe asthma, the health care professional may prescribe a spare inhaler to be kept in the school.

- ◆ Staff are alerted to pupils with severe conditions with pupils' photographs in registers, in the staff room and in the Medical Records File.
- ◆ In classrooms, medical boxes have a Medical Records file complete with 'Administration of Medicinal Products' for each child who needs medicine. This file is stored with appropriate medicines.
- ◆ As with other medicine, a record should be kept each time the inhaler is used and parents informed. If an inhaler is used once, a medical slip will be completed and either handed to parents/carers or put into book bags. If an inhaler is used twice or more then it would require a phone call to parents or carers.
- ◆ A list of children with Asthma will be kept by the class teacher.

9. CHILDREN WHO MAY REQUIRE EMERGENCY MEDICAL TREATMENT

- ◆ All emergency treatment is stored safely in the child's classroom and is accessible to an adult.
- ◆ All pupils will have individual health-care plans drawn up by parents and school, which must be adhered to.
- ◆ Staff are alerted to pupils with severe conditions with pupils' photographs in registers, staff room and Medical Records file together with an 'Administration of Medicinal Products' form completed with parents.
- ◆ As with other medicine, a record should be kept each time the inhaler is used and parents informed.
- ◆ Whole school medicine awareness training is carried out by the school nurse. New staff are informed as part of their induction.

10. INDIVIDUAL HEALTH CARE PLANS

- ◆ Individual Healthcare Plans help to ensure that pupils with medical conditions are supported effectively and give clarity about key information and actions that are required to support the child effectively.
- ◆ Individual Healthcare Plans should be written for every child who has medication in school (except for short term antibiotics).
- ◆ Individual Healthcare Plans will be accessible to all who need to refer to them, while preserving confidentiality.
- ◆ Individual Healthcare Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional where necessary. This may include presentation of documentation related to the child's condition, and should indicate which professionals are involved.
- ◆ Governors should ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed.
- ◆ Where the pupil has a special educational need identified in a EHC plan, the individual healthcare plan is linked to or becomes part of the EHC plan.
- ◆ Where a pupil is returning to school following a period of hospital education or alternative provision school will ensure that the Individual Healthcare Plan identifies the support the child will need to reintegrate effectively.

The format of Individual Health Care Plans may vary for the specific needs of each pupil.

However, the following information should be considered:

- ◆ The medical condition, its triggers, signs, symptoms and treatments
- ◆ The pupil's resulting needs, managing the condition, medication and other treatments
- ◆ Specific support for the pupil's educational, social and emotional needs if required
- ◆ The level of support needed
- ◆ Who will provide this support, their training expectations, proficiency to provide support and cover arrangements for when they are unavailable
- ◆ Who in the school needs to be aware of the child's condition and support required, and is there consent to inform others?
- ◆ Arrangements for written permission from parents and the Head Teacher for medication to be administered and the signed consent form is to be attached to the Healthcare Plan
- ◆ Separate arrangements or procedures required for school trips or other school activities outside of the normal timetable that will ensure the child can participate e.g. risk assessments
- ◆ Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition
- ◆ Essential facts should be included e.g. name, date of birth, address, names of parents/carers, contact telephone numbers, emergency contact person and telephone number, doctor's name, nature of medical difficulty, the key facts about how the pupil is affected by his/her medical condition, details of the medication prescribed and the treatment regime, the name and contact number of key personnel (e.g. staff, paediatrician, school doctor), steps to be taken in an emergency, details of personnel and equipment that will be required, procedures to be taken to administer the treatment or medication, where the medication will be kept and who can access it, when and how often the care plan will be reviewed and who will be involved in that process.
- ◆ Staff should review: training required, risks involved, cautions or requirements, additional guidelines if there is a need to lift or move a child, who is responsible for drawing up and monitoring the plan, and cultural or religious beliefs that could cause difficulties for the child or staff.

An Individual Healthcare Plan should:

- ◆ Give correct factual information
- ◆ Give information that enables staff to correctly interpret changes within the child's condition and action required
- ◆ Be kept where it can be easily accessible and taken with the child on educational visits etc.
- ◆ Be accurate, accessible, easy to read, and give sufficient detail that the staff know exactly how to deal with the child's needs
- ◆ The care plan should be broken down into four distinct sections
 1. Identification Details
 - Name of child
 - Date of birth
 - Address
 - School/setting id (class, year etc.)
 2. Medical Details
 - Medical condition
 - Treatment regime
 - Medication prescribed or otherwise
 - Side effects

- Action to be taken in event of emergency or crisis
3. Contact Details
 - Parents/carers
 - Alternate family contact (persons nominated by parents/carers)
 - Doctor/Paediatrician/Pharmacy
 - Any other relevant Health Professional
 4. Facilities Required
 - Equipment and accommodation
 - Staff training/management/administration
 - Consent
 - Review and update

Unacceptable Practice

Governing bodies should ensure that the school's policy is explicit about what practice is not acceptable. Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs.
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

The school will **not** give medicine to your child unless you complete and sign this form, and the Head Teacher has agreed that School staff can administer the medication.

PUPIL DETAILS			
Surname:		First name(s):	
Condition / Illness:			
MEDICATION			
Name / type of medication: (as described on the container)			
Length of time your child will need to take this medication:		Date dispensed: (as described on the container)	
Full directions for use:			
Dosage and method:			
Timing:			
Special precautions:			
Side effects:			
Supervised self administration permissible:	Yes	No	(Circle as appropriate)
Procedures to take in an emergency:			
NB If your child refuses to take the prescribed medication, School staff will not force them to do so. In this event you will be contacted immediately. If necessary School will call emergency services.			
CONTACT DETAILS			
Name:		Daytime telephone number:	
Relationship to pupil:		Alternative contact number:	
<p>I understand that I must deliver the medicine to the agreed member of staff in its <i>original container / packaging</i>, together with a clean medicine spoon or measuring cup and be clearly labelled with:</p> <ul style="list-style-type: none"> ▪ Contents i.e. name and type of medicine ▪ Child's name ▪ Date ▪ Dosage ▪ Prescribing doctor's name <p>I accept that this is a service which the school is not obliged to undertake.</p>			

